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7590

12/29/2003

Stoel Rives
900 SW Fifth Avenue Suite 2600
Portland, OR 97204-1268

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Connie English	(Depositor's name)
<i>[Signature]</i>	(Signature)
January 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/031,265	10/25/2001	George M. Carman	17420/4:2	6505

TITLE OF INVENTION: FIBER-OPTIC LIGHT LINE FOR USE IN AN INSPECTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisiopl	YES	\$665	\$0	\$665	03/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STAFIRA, MICHAEL PATRICK	2877	356-239100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stoel Rives LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lucidyne Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corvallis, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 19-4455 (enclose an extra copy of this form).

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(Authorized Signature) Reg. No. 33,947

(Date)

1/13/2004

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01/21/2004 EHAILE2 00000064 10031265

01 FC:2501

665.00 OP

02 FC:8001

30.00 OP